

AMBULATORY PATIENT CARE REPORT

Clinic:	Date:	Time covered - From:	To:	Prepared by:
Total clinic visits: _____ Appointments available: _____ Appointments kept: _____ Walk-ins: _____	<u>Same Day Surgery</u> Admissions: _____ Discharges: _____ Next day cases: _____ OR: _____ Gastro: _____ Follow up calls: _____ Pre-admit appointments: _____	<u>Extended Hours</u> Appointments available: _____ Appointments kept: _____ Staff names: _____ _____ _____ _____	<u>Cancellations</u> By patient: _____ By provider: _____ No-shows: _____ Next available Appointment: _____ <div style="text-align: right;">(Date)</div>	

STAFFING (On Duty/Assigned)

Physicians:	LPNs:	Others (91V, etc.):
Nurse practitioners:	Clerks:	Volunteers:
RNs:	91Bs:	Students:

REFERRALS/TRANSFERS/COMMAND INTEREST

Name (Last, First MI)	Age Status Branch	Sponsor's Unit	Transferred or referred			Physician	Comments (Care given, etc.)
			Reason	To	Via		

Administrative notes: